	ARIZONA STATE I	BOARD OF HEALT	TH State File No. 18
i. PLACE OF BIRTH		ITAL STATISTICS IFICATE OF BIRTH .	Registered No. 6 8 8
County Mu	***************************************	State ary on a	<u>C</u>
District or Township	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	or Village	
City Mami No. 0 // Alduman St. St., Ward (If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child agaro Cinon Supplemental report, as directed.			
3. Sex of Child To be answered ONLY in event of plural births. 4. Twin, triplet or other			
8.	FATHER	14.	MOTHER
Full name Teof	lo Piñon	Full maiden name	salia Nava
9. Residence (Usual place of abode) Miami		15. Residence (Usual place of abode) Miami	
If non-resident, give place and state. Wyona.		If non-resident, give place and state. Urigous.	
10. Color or race		16. Color or race	
Mex	11. Age at last birthdag 35(Years)	mex.	17. Age at last birthday 30 (Years)
12. Birthplace (city or place) Chihuahua		18. Birthplace (city or place) Chihuahua.	
(State or country)		(State or country)	
13. Occupation		19. Occupation	
Nature of Industry Mull		Nature of Industry	Housewife
20. Number of children of this mother			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE 30			
I hereby certify that I attended the birth of this child, who was tarm after at m. on the date above stated. (Born slive or stillborg)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Signature Cyvil M. Crow M. U. (Physician or midwife.)			
Siven name added from a supplement report			
Month, day, year			
***************************************	Registrar.		Registrar.

375-1217-95/